



2023-2024 LTP Confirmation

City/Location of Parish:

Did you purchase the items which were applied for? Yes _____ No _____

What was purchased with your 2023-2024 grant money?

I verify that the entire grant amount was utilized and this is an accurate description of purchases.

Pastor Signature _____

2024-2025 LTP Application

I am applying for: (Please check one of the following)

___ Catholic School (\$1,900) ___ Adult Faith Formation (\$450) ___ Youth Faith Formation (\$600)

| | |
|--|--------------------------|
| Parish: | Pastor: |
| School (if applicable): | Principal: |
| Parish/School Address: | |
| Project Contact Person: | |
| Contact Phone: | Email: |
| Type of Project or Project Name: | |
| ___ Technology ___ Curriculum ___ Resources ___ Other (specify): _____ | |
| Total cost of Project: | Amount Requested: |

| Requested Items | Expected Expenditures |
|-----------------|----------------------------|
| | |
| | |
| | |
| | |
| | TOTAL Projected: \$ |

If necessary, use back of paper for extra items. *The undersigned support and endorse this application and any accompanying material as an accurate statement of the need and the intended use of the funds requested.*

Signature of Project Contact Person: _____ Date: _____

Signature of Pastor: _____ Date: _____

Applications must be received in the office by Thursday, April 25, 2024 to be eligible.

Mail to: The Catholic Foundation, 207 7th Ave N, Saint Cloud, MN 56303

Email: Office@CatholicFoundation.info